

## Risk Assessment for Premenopausal Women

### Am I premenopausal?

You are postmenopausal if you have had permanent loss of your monthly periods. Permanent loss of your monthly periods is considered not menstruating for 12 months in a row without another medical reason. Menopause may occur naturally, usually between the ages of 45 and 55, or following surgical removal of both ovaries. If you are still having menstrual periods, use the "Osteoporosis Risk Assessment for Premenopausal Women"..

### Who is at risk for osteoporosis?

Osteoporosis is a silent disease that causes bones to become thin and weak, often resulting in broken bones. It can happen to anyone; the disease has no age, gender or ethnic boundaries. Osteoporosis more commonly affects older, postmenopausal women, and individuals of Caucasian or Asian descent. This does not mean that others are not at risk for osteoporosis. Men, African-Americans and other populations get osteoporosis, too; they are just at a slightly lower risk than Caucasian or Asian postmenopausal women..

### Why is it important to know my risk factors?

It is important for you to identify your personal risks for osteoporosis. Knowing your risk factors is the first step in taking an active role in the prevention, early diagnosis, and treatment of osteoporosis.

### Am I at risk for osteoporosis?

You may be at risk for osteoporosis if you check "yes" to many of the following risk factors.

- are postmenopausal
- have had an early menopause at age 45 or younger (naturally occurring or following surgery to remove your ovaries)
- are age 65 or older (the older you are, the greater the risk)
- are Caucasian or Asian
- are small and thin
- have a parent who has/had osteoporosis or a broken hip
- have a personal history of low-impact fractures (broken bones) without trauma, such as a car accident or severe sports injury) during adulthood, x-ray evidence of spine fracture, height loss of more than 1-1/2 inches or stooped posture

#### Check if you have any of the following chronic diseases or conditions often associated with osteoporosis:

- AIDS/HIV
- autoimmune disease including lupus
- blood disorders - certain types such as leukemia, sickle cell disease
- cancer - certain types such as breast, lymphoma, various metastatic, multiple myeloma, ovarian
- depression
- eating disorders - anorexia, bulimia
- hyperparathyroidism (excessive parathyroid hormone)
- hyperthyroidism (excessive thyroid hormone)

- inflammatory bowel disease
- kidney disease
- immobility or bed rest for more than 6 months
- liver disease
- lung disease that is chronic (COPD)
- malabsorption- from bariatric (obesity) surgery, celiac disease, Crohn's disease, liver disease, pancreatic disease
- neurological disorders - (such as multiple sclerosis, Parkinson's disease, spinal cord injury, stroke)
- organ transplant
- rheumatoid arthritis

**Check if you are taking or have taken any of the following medications:**

**Important:** *If you take any of these medications, do not stop or change the way you take them without medical advice from your healthcare provider.*

- aluminum containing antacids - such as Maalox or Mylanta taken for long periods of time
- anti-seizure medications such as dilantin (phenytoin) or phenobarbitol
- aromatase inhibitors - such as Arimidex, Aromasin, Femara
- blood-thinning agents - such as long-term use of warfarin (Coumadin) or heparin
- chemotherapy- some types such as Tamoxifen
- diabetes medications: some known as thiazolidinediones (TZDs) such as Actos, Avandia
- gonadotropin-releasing hormone agonists (GnRH) - such as Lupron and zoladex used to treat endometriosis
- immunosuppressants - cyclosporine A, methotrexate, FK506 (Tacrolimus)
- lithium
- proton pump inhibitors - such as Nexium, Prevacid, Prilosec
- selective serotonin reuptake inhibitors (SSRIs) - such as Lexapro, Paxil, Prozac, Zoloft
- steroids (such as prednisone or cortisone) in a dose of 5 mg or more taken for 3 or more months

- thyroid medications taken in excess or lack of routine blood work to check TSH levels

**Check if you have a longterm history of any of the following lifestyle risk factors:**

- low calcium intake - eating few, if any dairy foods or foods with calcium added and not taking calcium supplements
- low vitamin D intake - seldom eat fatty fish or drink milk and take no multivitamin or vitamin D supplement
- little physical activity - less than 60 minutes per week
- smoking - more than 1 pack a day for more than 5 years or current smoking (in any amount)
- excessive alcohol intake or alcohol abuse

Although risk factors may increase your likelihood of getting osteoporosis, having risk factors does not mean that you have or will get the disease. Only a bone mineral density (BMD) test can diagnose osteoporosis. It is important to be aware that the above checklist of risk factors is not complete. There are additional conditions and medications that may cause bone loss leading to osteoporosis; some of which are known as well as others that have not yet been identified. Postmenopausal women who do not have any of the above risk factors for osteoporosis may not be protected from developing this disease. Risk assessment should increase your awareness of the potential for osteoporosis and motivate you to follow the steps to promote strong bones..

## **What is important to discuss with my healthcare provider?**

Bone mineral density (BMD) testing is recommended for all women aged 65 or older and for younger postmenopausal women with risk factors for osteoporosis. To have a BMD test, a prescription from a healthcare provider is necessary. It is recommended that you speak to your healthcare provider to discuss your risk for osteoporosis and to find out when the right time is for you to have a BMD test.